Approved Medication List

The following over-the-counter medications may be taken without effecting drug testing. If you are prescribed a medication, you must provide documentation to staff prior to your next test. If you take an over-the-counter medication that is not listed on this form, you risk testing positive. Keep in mind, it is your responsibility to make sure you don't test positive. If you have doubts, ask your pharmacist, medical provider, or program staff. You must take all medications, prescribed or otherwise, as directed.

Allergy

Sudafed PE

Benadryl Allergy

Pain

Ibuprofen (Advil, Motrin)

Acetaminophen (Tylenol)

Naproxen (Aleve) Aspirin	Benadryl Allergy & Cold Claritin (NOT Claritin D!)		
Midol (any kind)	Loratadine		
<u>Cold and Flu</u> Comtrex Max Strength Cold Dayquil (liquid or liquid-caps)	<u>Stomach</u> Pepto-Bismol Pepcid AC		
		Alka-Seltzer Plus Cold	Prilosec
		Robitussin DM	Tagamet HB
	Tums		
Sinus and Congestion	Mylanta		
Sudafed PE	Maalox		
Mucinex DM	Imodium AD		
staff. I understand that for any other over-the responsible for determining if it will effect tes counter medications that effect drug testing. the program staff with documentation for all	he above medications without notifying the program e-counter medications I wish to take, I am sting. I agree that I will not take any over-the-Furthermore, I understand that I need to provide medications prescribed by a licensed practitioner to take all medications as prescribed or otherwise		
By signing this document, I agree that I read medications while placed on the 24/7 Sobriet	and understand the expectations regarding taking by Program.		
Signature of Participant	Date		